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2292 7590 05/25/2005

BIRCH STEWART KOLASCH & BIRCH, LLP
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/109,082 07/02/1998 JUDITH MELKI 2121-140P 3158

TITLE OF INVENTION: SPINAL MUSCULAR ATROPHY DIAGNOSTIC METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$0 \$1400 08/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HAYES, ROBERT CLINTON 1647 435-091200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 09/23/2005 SENIOR BIRCH, STEWART, KOLASCH
 (2) the name of a single firm (having as a member a registered attorney or agent) and the date of the up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 01 EC-1501 2 & BIRCH, LLP 08/25/05 12.00 OP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INSTITUT NATIONAL DE LA SANTE ET
 DE LA RECHERCHE MEDICALE

PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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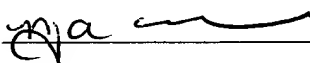
- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached. (if necessary)
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature


Date AUGUST 22, 2005Typed or printed name MaryAnne ArmstrongRegistration No. 40,069

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